

1933 MAY 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Luzerne
City (No. _____) _____

Registration District No. 684
Primary Registration District No. 5912

File No. 15832

Registered No. 10
St. _____ Ward _____

2. FULL NAME

Ewing Jones

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie H. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1893

7. AGE YEARS 42 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.

13. NAME Oswald Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ry

17. INFORMANT (ADDRESS) Mrs. Stella Paesehl

18. BURIAL, CREMATION, OR REMOVAL Buried in Putnam Co. Mo. 4-26-39

19. UNDERTAKER (ADDRESS) W. H. W. 1904 in

20. FILED 5-13-39 Registrar W. H. W. 1904 in

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to 4-12-39 1939

I last saw him 4-39 alive on 4-39 5 p. 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Interst. Nephritis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. H. W. 1904 in M. D.

(Address) Bowling Green Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-881

Date Filed MAY 3 1939